

Title 404 NAC Administrative Review Form

Provider: _____

Surveyor: _____

On-site review dates: _____

Title 404 NAC #	Regulation:	Regulation met or not met?			Evidence
		Yes	No	N/A	If no, describe how the regulation was not met (cite specific documents, etc.):
1-003	<u>ALTERNATIVE COMPLIANCE PROCEDURE:</u> <i>(Has the provider been granted alternative compliance for any regulations? If so, verify the "expiration" date of that correspondence, as they are usually time limited.)</i>				
4-002.09	<u>Certification Renewal:</u> All certified providers must submit a renewal application to the Department 90 days prior to the expiration date of the current certification. <i>See regulation for complete requirements.</i>				
4-003.02	<u>Director:</u> Each provider must have a director who is responsible for overall management of the provision of services, establish policies and procedures as specified in 404 NAC 4-003.04, and ensure compliance with applicable requirements in 404 NAC. The director must: <ol style="list-style-type: none"> 1. Protect and promote the health, safety, and well-being of each individual; and 2. Ensure quality services are provided to meet the needs of all individuals whether services are provided directly by provider staff or through subcontract. <i>(It is helpful to complete the entire administrative review and individual sample review prior to measuring compliance for this regulation.)</i>				

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4-003.03	<u>Local Governing Board or Advisory Committee:</u> The specialized provider must comply with Neb. Rev. Stat. §§ 83-1217 and 83-1218. <i>(In a memo to providers sent on 7/2/10, it was clarified that a provider needs more than one member in each of the following categories to meet the intent of the statute: persons with developmental disabilities; family members or legal guardians of persons with developmental disabilities; and persons who are interested community members.)</i>				
4-003.04	<u>Provider Policies and Procedures:</u> The provider must establish and implement written policies and procedures that are: <ol style="list-style-type: none"> 1. Available to staff; <i>(verify in the administrative interview)</i> 2. Describe provider's operation and how systems are set up to meet individuals' needs; <i>(Policies and procedures should be reviewed for areas of concern found during the certification review.)</i> 3. In compliance with 404 NAC; and <i>(Policies and procedures should be reviewed for areas of concern found during the certification review.)</i> 4. Reviewed at least annually and revised if needed. <i>(verify in the administrative interview)</i> 				
4-005.07	<u>Disaster Preparedness and Management:</u> The provider must establish and implement disaster preparedness plans and procedures to ensure that individual's care, safety, and well-being are provided and maintained during and following instances of natural (tornado, flood, etc.) or other disasters, disease outbreaks, or other similar				

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	<p>situations. These plans and procedures must address and delineate:</p> <ol style="list-style-type: none"> 1. How the provider will maintain the proper identification of each individual to ensure that care coincides with the individual's needs; 2. How the provider will move individuals to points of safety or provide other means of protection when all or part of the building is damaged or uninhabitable due to natural or other disaster; 3. How the provider will protect individuals during the threat of exposure to the ingestion, absorption, or inhalation of hazardous substances or materials; 4. How the provider will provide food, water, medicine, medical supplies, and other necessary items for care in the event of a natural or other disaster; and 5. How the provider will provide for the comfort, safety, and well-being of individuals served in the event of 24 or more consecutive hours of: <ol style="list-style-type: none"> a. Electrical or gas outage; b. Heating, cooling, or sewer system failure; or c. Loss or contamination of water supply. <p><i>(It is helpful to review the provider's policies and procedures for this area to measure compliance.)</i></p>				
4-008	<p><u>The incident reporting system must include:</u></p> <ol style="list-style-type: none"> 5. Reporting requirements; d. An aggregate report of critical incidents must be submitted to the Department on a quarterly basis. Each report must be received by the Department no later than 30 days after the last day of the previous quarter. The reports must include a 				

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	<p>compilation, analysis, and interpretation of data, and include evidentiary examples to evaluate performance that result in a reduction in the number of critical incidents over time. (This is typically reviewed as a QA/QI function, confirm during administrative interview)</p> <p>6. Review and analyze information from incident reports to identify trends and problematic practices which may be occurring and take appropriate corrective actions to address problematic practices identified.</p>				
4-009	<p><u>The provider must promptly address complaints and grievances filed with the provider on behalf of individuals served:</u></p> <p>1. The process must be made available to individuals, legal representatives, staff, and other representatives. Utilization of the provider's process is voluntary and is not meant to deny or delay an individual's right to file a complaint elsewhere or to access the legal system;</p> <p>2. The process must be convenient to the individual;</p> <p>3. The process must include time frames and procedures for review of complaints and grievances and the provision of a response;</p> <p>4. The provider must review the complaint and grievance process, including the right to go to court, with each individual receiving services and the legal representative at the time the individual enters services and annually thereafter; and</p> <p>5. The provider must maintain documentation of the receipt of all complaints and grievances, the resolution, and the response to the complainant.</p>				

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	<i>(It is helpful to review the provider's policies and procedures for this area to measure compliance, as often there are not situations permitting a surveyor to review the system; however, it is important to ensure there are policies and procedures in place to implement should an event occur.</i>				
4-010	<p><u>Abuse and Neglect:</u> The provider must develop a system to detect and prevent abuse and neglect and to handle allegations of abuse, neglect, and exploitation. The provider must ensure: (see reg)</p> <p>Complete a review of the 3 most recent abuse/neglect allegations this provider has received. Use the form titled "Abuse and neglect cert review form"</p>				
4-011	<p><u>Rights Review Committee:</u> The provider must establish a rights review committee that meets no less than semi-annually. The function of this committee is to review any situation requiring an emergency safety intervention, the use of psychotropic medication as outlined in 404 NAC 5-003.02E and 404 NAC 6-005, any restrictive measure as outlined in 404 NAC 6-004, and any situation where violation of an individual's rights occurred. The review may include obtaining additional information and gathering input from the affected individual and his/her legal representative, if applicable, to make recommendations to the provider. The rights review committee may utilize sub-committees to complete its work, but must document reports of the sub-committees to the overall committee in the minutes of meetings held. Interim approvals of psychotropic medications and restrictive measures are allowed in circumstances that require immediate attention. The interim</p>				

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	<p>approvals of psychotropic medications and restrictive measures are allowed in circumstances that require immediate attention. The interim approval may be done by a documented designee of the committee, who must be a current member of the rights review committee, and the meeting minutes must document final approval by the overall committee at its next meeting.</p> <p><i>(At a minimum, ensure this committee:</i></p> <ul style="list-style-type: none"> • <i>meets no less than semi-annually;</i> • <i>has a documented, interim approval designee (if applicable); and</i> • <i>if a sub-committee is used, its activities are reviewed (documentation of that) by the overall committee.)</i> 				
4-011.01	<p><u>Membership of the Rights Review Committee:</u> The committee members must be persons free from conflict of interest and who will ensure the confidentiality of information related to individuals served. The person responsible for approving the individual's program and any staff who provides direct services to the individual cannot participate as decision makers. At least half of the committee members must be individuals, family, or other interested persons who are not provider staff.</p>				
4-014	<p><u>Quality Assurance/Quality Improvement (QA/QI):</u> The provider must have a process for:</p> <ol style="list-style-type: none"> 1. Ongoing proactive internal review of the quality and individualization of services; 2. Continuous quality review of the services provided; 3. The provider must provide evidence that individuals served and their families are involved in the QA/QI process. 				

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	<i>(It is helpful to review the provider's QA/QI Plan to measure compliance.)</i>				
4-014.01	<u>QA/QI Structural Components:</u> The provider must create the structural components of the QA/QI process. The process must be applied on a provider-wide basis and include: <ol style="list-style-type: none"> 1. Areas of services to be monitored and evaluated to determine the quality of these services through identification of patterns and trends of the provider services. 2. Provisions for reviewing QA/QI policies and procedures at least annually and revising as needed. 				
4-014.02	<u>The QA/QI activities must result in:</u> <ol style="list-style-type: none"> 1. Ensuring compliance with applicable requirements in Title 404; 7. Identification and correction of problems in a timely manner and on a provider-wide basis; and 8. Use of information from reviews, results, and recommendations to correct problems, improve services to individuals served, and revise policies and procedures, if necessary. 				
4-014.03	<u>Documentation of QA/QI Activities:</u> The provider must maintain documentation of all QA/QI activities, including the results of reviews, recommendations, action taken, effectiveness of action taken, review by the director and certified provider, and other relevant information.				
11-002	<u>11-002 SUBCONTRACTS:</u> Only agencies and programs certified by the Department may enter into subcontracts for specialized services.				

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	<p><u>11-002.01 Provider Responsibility Regarding Subcontracts:</u> The provider must ensure that:</p> <ol style="list-style-type: none"> 1. The services to be delivered through a subcontract are permitted under 404 NAC; 2. Policies and procedures include a section that addresses development, training, oversight, and service monitoring components for subcontracted services; <ol style="list-style-type: none"> a. Subcontractors will have the same qualifications, staff training and service provision expectations as employees of the provider. b. Service provision monitoring of the subcontractor's performance is completed on-site at a minimum of one time per month; 3. Copies of subcontracts are submitted to the Department prior to utilization of the subcontractor's services; and 4. Subcontracts are subject to the requirements of relevant statutes, regulations, and other policies and procedures of the Department. <p><i>(First, verify in the administrative interview if the provider has any subcontracted services such as transportation, EFH, etc. If those subcontracts include EFH services, please also complete the staff review form and the Subcontractor Focus form in addition to completing this section).</i></p>				

Per Waiver – Verify that DDD has completed CBS final setting rule evaluation for providers initially certified after 3-17-14 by contacting DDD and documenting the name and date of the DDD contact here.